

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <u>Dickinson</u>	Fraction <u>SE 1/4 NE 1/4 SE 1/4</u>	Section number <u>30</u>	Township number <u>T-12 - S</u>	Range number <u>R-4 - EW</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1009-N-Marshall</u>			3. Owner of well: <u>Chapman Valley Manor</u> R.R. or street: <u>1009-N-Marshall</u> City, state, zip code: <u>Chapman Kans 67431</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>12" to 35"</u> Completion date Well depth <u>94</u> ft. <u>May 15-79</u>	
		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>PVC</u> Height: Above or below Threading <u>Welded</u> Surface <u>24</u> in. RMP <u>PVC</u> Weight <u>12</u> lbs./ft. Dia. <u>5</u> in. to <u>94</u> ft. depth; Wall thickness: inches or Dia. <u>5</u> in. to <u>94</u> ft. depth; gage No. <u>Sch. 40</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>PLAPCO</u>
<u>Clay Brown</u>			<u>0</u>	<u>5'</u>	Type <u>PVC</u> Dia. <u>5"</u>
<u>Clay " + Sandy</u>			<u>5</u>	<u>20</u>	Slot/gauze <u>1/8" x 1/4"</u> Length <u>40'</u>
<u>Silty Sand Very fine Brownish</u>			<u>20</u>	<u>33</u>	Set between <u>7/8</u> ft. and <u>1 1/4</u> ft.
<u>Lime Rock White</u>			<u>33</u>	<u>49</u>	Gravel pack? <u>Yes</u> Size range of material <u>1/8" - 1/2"</u>
<u>Clay White</u>			<u>49</u>	<u>54</u>	11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>5-15-79</u>
<u>Shale Blue</u>			<u>54</u>	<u>59</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
<u>Lime Rock White</u>			<u>59</u>	<u>74</u>	Estimated maximum yield _____ g.p.m.
<u>" " " Very Soft</u>			<u>74</u>	<u>79</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>" " Gray</u>			<u>79</u>	<u>84</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<u>Flint Rock Blue</u>			<u>84</u>	<u>89</u>	15. Well grouted? <u>No</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.
<u>Shale Blue</u>			<u>89</u>	<u>94</u>	16. Nearest source of possible contamination: ft. <u>200'</u> Direction <u>S</u> Type <u>Septic Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Use a second sheet if needed)					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
18. Elevation:	19. Remarks: <u>This Hole 12" To 35' - 8" To 94'</u>		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Harper Drlg. Serv. 176</u> Business name <u>Blue Rapids I/S.</u> License No. _____ Address _____ Signe <u>C. E. Harper</u> Date <u>5-15-79</u> Authorized representative		

T 12 - S 40 - W 30 - SE NE SE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5